

Jill Latham <jill@concordiagroupllc.com> on 09/08/2010 12:26:57 PM

To:

cc:

<2022190174@fec.gov>
Jill Latham <jill@concordiagroupllc.com>

Subject: AFF FEC FORM 9

Please find attached the American Future Fund FORM 9.

Please call 515-720-5250 with any questions.

Thanks,

Jill Latham FEC FORM 9 NY 13.pdf

## FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	Person Meking the Disbursements/bbliga	tions	
	Almican Fiture	Fund	
		nt than previously reported	2. FEC Identification Number
	(c) Clys State and ZIF Code	# 142	030001028
	Des Maries IA	5032	C30001.028
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Sandy Greiner	tarme	X
3.	Is This Statement or Amended	4. Covering Period	08/2010 through
5.	(a) Date of Public Distribution(s)	(b) Communication T	the control of the second second section (
6.	The filer is a(n): (a) Individual (b) Unincome (d) Corporation, Labor Organization or Qua	corporated Organization (c) Qualified Nonprofit Corporation making commun	Nonprofit Corporation (11 CFR 114.10) nications under 11 CFR 114.15
	If the filer is an individual, unincorporate were the disbursements made exclusive Custodian of Records  (a) Nath	d organization or qualified nonprofit of the second donations to a segregated bar	corporation, Yes No
	(b) Address (numberland street)  4225 Fluur Dr. (c) City. State and ZIP Code  Des Mornes IA 5	re #142 50321	
	(d) Name of Employer or Principal Place of Business	(e) Occupation	1
	self-employed	farm	ur
9.	Total Donations This Statement	· · ·	Michigan Colonia de la colonia
10.	Total Disbursements/Obligations This Sta		Andrews and a constant
	Under penalty of perjury, I certify that this statement TYPE OR PRINT NAME OF PERSON COMPLETING F	ORM Sandy Green	w
	SIGNATURE _ Landy been	DATE 9-	8-2010

NOTE; Submission of talse, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

. Per	Person(a) Sharing/Exercising Control					
A.	Sandy Greiner					
	(b) Address (number and street) 4225 Fleur Drive #142					
	(c) City. State and ZIP Gode					
	(d) Name of Employer or Principal Place of Business	(e) Occupation				
	self-employed	farmer				
B.	(a) Name Cord Overton					
	(D) Addrass (number and street) 4225 Flew Drive #142					
	(c) City, State and ZIP Code					
	Ols Moines 1A 50321  (d) Name of Employer or Principal Place of Business	(a) Occupation				
	n/a	Student				
C.	(a) Name Katherine Polking					
	(b) Address (number and street) 4225 Flew Drive #142					
	(c) City. State and ZIP Code  Pes Morres A 60321  (d) Name of Employer or Principal Place of Business					
	(d) Name of Employer or Principal Place of Business	(e) Occupation				
_	(a) Name	student				
0.	Barbara Smeltzer					
	(b) Address (number and street) 4225 FICH Drive #142					
	(c) City, State and ZIP Code					
	(d) Nante of Employer or Principal Place of Business	(e) Occupation				
	university of Dubuque	Student-Advisor				
E.	(a) Name					
	(b) Address (number and street)					
	(c) Cay, State and ZIP Gode					
	(d) Name of Employer or Principal Place of Business	(e) Occupation				

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A	Full Name of Donor			Date of Receipt		
	Mailing Address of Donor	•	,	Amount to the property of the Children of the		
	City	State ·	Zio	Superior Control of the control of the control of the first of the control of the		
8.	Full Name of Donor .			Date of Receipt		
	Mailing Address of Donor		Amount			
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C.	Put Name of Donor			Date of Receipt		
	Mailing Address of Donor			Amount  gen ammente sugar to the first of the control of the contr		
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D.	Full Name of Donor			Date of Receipt		
	Mailing Address of Donor			Amount  process opening processes are a control of the control of		
	City	State	2ip	top option and one was top about one or strong times at the		
E.	Full Name of Donor	,	· ·	Date of Receipt		
	Mailing Address of Donor		ATTIOURN  grantspectrum properties and a second properties are a second proper			
	City	State	Zip	and an Assembly of the second as the second		
SUBTO	TTAL of Donations This Page (o	ptional)		yearing produce in the second consistency of the second consistency o		
TOTAL	This Period (last page this line (carry total from tast page to L	number only) ina 9)		ptin Papinka pherogene personal and a significant and a significan		

A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
Mailing Address of Payee	09 08 2010
400 Fairmount Ave, Ste 304	Amount
City State Zip Code	34 676.00
Name of Employer Occupation	Communication Date
	09 08 2010
Purpose of Disbursement (Including title(s) of communication(s))  Medica Pacement advents mg to advent scm	ent: "NY Jobs"
Name of Federal Candidate Office Sought: House State:	Disburgement/Obligation For:
Michael Allegreth Senate President District: 13	Primary General Other (specify)
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:
Senate District:	Primary General
Name of Federal Candidate  Office Sought: House	Other (specify)
State:	Disbursement/Obligation For: Primary General
District:	Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
McCay Hu Marcus Hennings Ita	09 08 2010
1850 M St. NW. Ste 235	Amount group and produced the state of the s
Washington C. 20036	her the manufacture of the same transfer of the sam
Name of Employer Occupation	Communication Date  (মানুমানীকে / (মানুমানীকে / ) মানুমানীকে স্থানিকে
Purpose of Disbursement (Including title(s) of corporunication(s))	09 00 2010
Medica Production of to dovertisement:	"NY Jobs"
State: N	Disburgement/Obligation For:
Michael Allegretti Senate District: 13	Primary General
	L 1/Othor (annuits) b
Name of Federal Candidate Office Sought: House State:	☐ Other (specify) ► ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Name of Federal Candidate Office Sought: House State: Senate	Disbursement/Obligation For:  ☐ Primary ☐ General
Name of Federal Candidate Office Sought: House State: Senate District: President	Disbursement/Obligation For:  ☐ Primary ☐ General  ☐ Other (specify) ▶
Name of Federal Candidate  Office Sought: House State: Senate District: President  Name of Federal Candidate  Office Sought: House State:	Disbursement/Obligation For:  ☐ Prtmary ☐ General ☐ Other (specify) ▶  Disbursement/Obligation For:
Name of Federal Candidate  Office Sought: House State: Senate District: President  Name of Federal Candidate  Office Sought: House State: Senate District: District:	Disbursement/Obligation For:  ☐ Primary ☐ General  ☐ Other (specify) ▶  Disbursement/Obligation For: ☐ Primary ☐ General
Name of Federal Candidate  Office Sought: House State: Senate President  Name of Federal Candidate  Office Sought: House State: Senate Senate Senate	Disbursement/Obligation For:  ☐ Prtmary ☐ General ☐ Other (specify) ▶  Disbursement/Obligation For:
Name of Federal Candidate  Office Sought:  Senate  President  Name of Federal Candidate  Office Sought:  House  State:  President  President  District:  Senate  President  President	Disbursement/Obligation For:  Primary General  Other (specify) ▶  Disbursement/Obligation For:  Primary General  Other (specify) ▶
Name of Federal Candidate  Office Sought: House State: Senate President  Name of Federal Candidate  Office Sought: House State: Senate District: Senate District:	Disbursement/Obligation For:  Primary General  Other (specify) ▶  Disbursement/Obligation For:  Primary General  Other (specify) ▶
Name of Federal Candidate  Office Sought:  Senate  President  Name of Federal Candidate  Office Sought:  House  State:  President  President  District:  Senate  Senate  President  District:  Senate  President	Disbursement/Obligation For:  Primary General  Other (specify) ▶  Disbursement/Obligation For:  Primary General  Other (specify) ▶

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No Postmark				
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Received from Senate Public Records Office	Date of Receipt			
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